

OCT 22 2010

**Disclosure Report Cover**

Amendment

☐ Yes☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
Do not use this form to update information.

<b>1. Committee Information</b>							
a. Full Name <i>Campaign to Elect Gail McBrayer Strickland</i>			c. ID Number <i>4J619F</i>				
b. Mailing Address (include City, State and Zip Code) <i>165 Bryan Dr Forest City, NC 28043</i>			d. Date Filed <i>10/22/10</i>				
			e. Phone Number <i>828-223-2879</i>				
2. Report Year <i>2010</i>	3. Period Start Date (mm/dd/yy) <i>7/1/10</i>	4. Period End Date (mm/dd/yy) <i>10/16/10</i>	5. Treasurer Full Name <i>Jane A. McBrayer</i>				
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)					
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> <b>Municipal</b>  <input type="checkbox"/> Organizational  <input type="checkbox"/> Thirty-five day  <input type="checkbox"/> Pre-primary  <input type="checkbox"/> Pre-election  <input type="checkbox"/> Pre-runoff  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special         </td> <td style="width:33%; vertical-align: top;"> <b>State/County</b>  <input type="checkbox"/> Organizational              Quarterly              <input type="checkbox"/> First              <input type="checkbox"/> Second              <input checked="" type="checkbox"/> Third              <input type="checkbox"/> Fourth              Semi-annual              <input type="checkbox"/> Mid Year              <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special         </td> <td style="width:33%; vertical-align: top;"> <b>Referendum</b>  <input type="checkbox"/> Organizational  <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final  <input type="checkbox"/> Supplemental Final  <input type="checkbox"/> Annual  <input type="checkbox"/> Special         </td> </tr> </table>			<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special					
7. Type of Fund (if applicable, check one)		10. Special Report Name					
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<i>2010 Third Quarter Plus Report</i>					
8. Number of Fundraisers this Report <i>- 0 -</i>							
<b>11. Account Information</b>		<b>11. Account Information</b>					
a. Financial Institution Full Name <i>RBC Bank</i>		a. Financial Institution Full Name					
b. Purpose <i>Campaign</i>	c. Account Code <i>1</i>	b. Purpose	c. Account Code				
	d. Period Begin Balance <i>\$ 82.24</i>		d. Period Begin Balance \$				
<b>CERTIFICATION</b>							
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.							
<i>Jane A. McBrayer</i> Printed Name of Signer		<i>Jane McBrayer</i> Signature of Appointed Treasurer		<i>10-21-10</i> Date			
<b>FOR OFFICE USE ONLY</b>							
Date Received: _____	Employee: _____	Delivery Method					
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed					
Date Scanned: _____	Employee: _____						
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training					
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.							

# Detailed Summary

Amendment  
☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
Campaign to Elect Gail McBrayer Strickland		2010 Third QTR.	4J619F
Start of Election Cycle: January 1, 2010		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 82.24	\$ - 0 -
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ - 0 -	\$ 89.00
6) Contributions from Individuals (CRO-1210)		\$ 1022.24	\$ 13,871.63
7) Contributions from Political Party Committees (CRO-1220)		\$ 750.00	\$ 750.00
8) Contributions from Other Political Committees (CRO-1230)		\$ - 0 -	\$ - 0 -
9) Loan Proceeds (CRO-1410)		\$ 2,000.00	\$ 2,164.03
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ - 0 -	\$ 29.99
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ .01	\$ .03
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ - 0 -	\$ - 0 -
11c) Outside Sources of Income (CRO-1250)		\$ - 0 -	\$ - 0 -
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ - 0 -	\$ - 0 -
11e) Exempt Purchase Price Sales (CRO-1265)		\$ - 0 -	\$ - 0 -
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 3,772.25	\$ 16,904.68
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 1,033.00	\$ 3,593.20
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ - 0 -	\$ - 0 -
13c) Coordinated Party Expenditures (CRO-1310)		\$ - 0 -	\$ - 0 -
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ - 0 -	\$ - 0 -
15) Loan Repayments (CRO-1420)		\$ - 0 -	\$ - 0 -
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ - 0 -	\$ 4,970.60
17) In-Kind Contributions (CRO-1510)		\$ 372.24	\$ 5,891.63
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,405.24	\$ 14,455.43
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,449.25	\$ 2,449.25
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ - 0 -	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 2,164.03	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ - 0 -	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ - 0 -	
24) Account Transfers Within the Committee (CRO-1720)		\$ - 0 -	
25) Administrative Support (CRO-1710)		\$ - 0 -	\$ - 0 -
26) Forgiven Loans (CRO-1440)		\$ - 0 -	\$ - 0 -
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ - 0 -	\$ - 0 -
28) Contributions to be Refunded (CRO-1215)		\$ - 0 -	\$ - 0 -

# Contributions from Individuals

Pg 1 of 2

Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Campaign to Elect Gail McBrayer Strickland				45619F	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) 828-286-3444			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
Cynthia Walkup 205 Fernwood Dr Rutherfordton, NC 28139			Education		
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
			Rutherford Co. Schools		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	CHECK		8/4/10	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) 828-288-6800			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
Ramona Landa 150 Fairway Dr. Rutherfordton, NC 28139			Homemaker		
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
			Retired		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	CHECK		9/1/10	\$ 125.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) 828-245-9266			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
Minnie L. McBrayer 150 S. Magnolia St Forest City, NC 28043			Retired		
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
			Homemaker		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	CHECK		9/16/10	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 350.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1022.24

# Contributions from Individuals

Pg 2 of 2

Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Campaign to Elect Gail McBrayer Strickland				45619F	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Minnie L. McBrayer 150 S. Magnolia St. Forest City, NC 28043			Retired		Candidate's Mother
			c. Employer's Name/Specific Field		e. Election Sum to Date
			Homemaker		\$ 1025.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CHECK		9/25/10	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
828-286-2731 T. Eugene Mitchell 113 W. Main St Spindale, NC 28160			Attorney		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			Mitchell LAW OFFICE		\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CHECK		10/15/10	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
828-245-2156 Gail M. Strickland 1373 Old US 74 Hwy Ellenboro, NC 28040			Retired		Candidate
			c. Employer's Name/Specific Field		e. Election Sum to Date
			County Government		\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	Give Away items	9/6/10	\$ 372.24
<input type="checkbox"/>			Advertising		\$
<input type="checkbox"/>			Pencils, Stickers		\$
4. Total only this Page					\$ 672.24
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1022.24



# Contributions from Political Party Committees

Pg 1 of 1

Amendment  
☐ Yes ☒ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Campaign to Elect Gail McBrayer Strickland				4J619F	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Rutherford County Democratic Executive Committee 148 W. Main Street Forest City NC 28043					
				c. Election Sum to Date	
				\$ 750.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	CHECK		9/17/10	\$ 750.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 750.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 750.00	

# Other Receipt Sources

Pg 1 of 1

Amendment  
☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Campaign to Elect Gail McBrayer Strickland				4J619F	
<b>3. Type of Receipt Source</b> <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
828-287-6440					
RBC Bank			c. Outside Source Explanation		
275 N. Main St			Interest credited to checking Account		
Rutherfordton, NC 28139			e. Election Sum to Date		
					\$ .01
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	cred: +			\$ .01	
				\$	
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
			e. Election Sum to Date		
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside Source Explanation		
			e. Election Sum to Date		
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
<b>5. Total only this Page</b>				\$ .01	
<b>6. Total of ALL CRO-1250 Pages</b>					
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)					
(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)					
(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)				\$ .01	

# Disbursements

Pg 1 of 3 Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Campaign to Elect Gail McBrayer Strickland						45619F	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) 828-288-2757 Marine Corp. League 303 Fargyound Road Spindale, NC 28160				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK	A	9/27/10	\$ 100.00	Advertising for Golf tournament		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) 828-287-2071 RTR P.O. Box 82 Rutherfordton, NC 28139				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 65.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK	0	9/20/10	\$ 40.00	Octoberfest Booth Town of Rutherfordton		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) 828-248-1408 Rutherford Weekly 369 Butler Rd Forest City, NC 28043				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 605.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK	A		\$ 275.00	Advertising		
5. Total only this Page						\$ 415.00	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 1033.00	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

# Disbursements

Pg 2 of 3

Amendment  
☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Campaign to Elect Gail McBrayer Strickland						4J619F	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) 828-245-9887 WAGY 129 N. Powell St. Forest City, NC 28043				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 400.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK	A	10/4/10	\$ 200.00	Radio Ad		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) 828-287-3551 CF Reese + Sons 831 N. Main St Rutherfordton, NC 28139				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 199.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK	A	10/4/10	\$ 122.00	Helium for Balloons		
				\$	Ellenboro Fair		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) The Daily Courier 601 Oak St Forest City, NC 28043				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 700.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK	A	10/15/10	\$ 200.00	News paper Ad		
				\$			
5. Total only this Page						\$ 522.00	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 1033.00	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							



# Disbursements

Pg 3 of 3 Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Campaign to Elect Gail McBrayer Strickland				4J619F	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
WCA B PO Box 511 191 Whiteside Rd Rutherfordton, NC 28139					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 446.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	A	10/5/10	\$ 96.00	Radio Ad
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 96.00
6. Total of ALL CRO-1310 Pages					\$ 1033.00
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Pg. 1 of 1

Amendment  
☐ Yes ☒ No

A loan proceeds statement must accompany each loan that is from an individual

**CRO-1410**

# Outstanding Loans

Pg 1 of 1

Amendment  
☐ Yes ☒ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Campaign to Elect Gail McBrayer Strickland		45619F	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Gail M. Strickland 1373 Old US 74 Hwy Ellenboro, NC 28040		Retired	Candidate
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		County Government	2/22/10
			f. End Date (mm/dd/yyyy)
			12/31/10
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	None	\$ 164.03	\$ 164.03
k. Full Name of Lending Institution			l. Loan Number
N/A			N/A
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Douglas Strickland 1373 Old US 74 Hwy Ellenboro, NC 28040		Co-owner / Grading	Candidate's Spouse
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Strickland Grading Co.	10/15/10
			f. End Date (mm/dd/yyyy)
			12/31/10
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	None	\$ 2,000.00	\$ 2,000.00
k. Full Name of Lending Institution			l. Loan Number
N/A			N/A
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 2,164.03
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 2,164.03

# In-Kind Contributions

Pg 1 of 1

Amendment  
☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
Campaign to Elect Guil McBrann Strickland		45619F	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
845-292-7677 Ross Industries, Inc 60 State Street Liberty, NY 12754		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 372.24	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	
Credit Card purchase		9/6/10	
Pencils, suckers + stickers			
		<b>g. Fair Market Amount</b>	
		\$ 372.24	
		\$	
		\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	
		<b>g. Fair Market Amount</b>	
		\$	
		\$	
		\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	
		<b>g. Fair Market Amount</b>	
		\$	
		\$	
		\$	
<b>4. Total only this Page</b>		\$ 372.24	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 372.24	